

Supplement Request

Customer: _____

Claim # _____

Request date ___/___/___

Please see attached supplement request for the above referenced claim number. Please note the vehicle is in our shop and in process / production. Our company policy is that we would like for you to respond acknowledging our supplement request and either perform an inspection and or a desk review. We further request that within 48 hour of receipt of this supplement request we engage in a professional negotiation of the additional damages. Failure to do so within 2 business days of this request will forfeit your right to inspection and we will continue forward with repairs assuming you agreed to our findings, parts choices and labor to correct what we have identified damaged and final bill.